

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐ Check if different than previously reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00067231

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer

David Anderson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">292912.75</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">292912.75</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">14399.94</span>	<span style="border: 1px solid black; padding: 2px;">14399.94</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">307312.69</span>	<span style="border: 1px solid black; padding: 2px;">307312.69</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">12454.34</span>	<span style="border: 1px solid black; padding: 2px;">12454.34</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">294858.35</span>	<span style="border: 1px solid black; padding: 2px;">294858.35</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HCA INC. GOOD GOVERNMENT FUND**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10450.00	10450.00
(ii) Unitemized .....	3941.50	3941.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14391.50	14391.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14391.50	14391.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8.44	8.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14399.94	14399.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14399.94	14399.94

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	454.34	454.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	454.34	454.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12454.34	12454.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12454.34	12454.34

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14391.50	14391.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14391.50	14391.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	454.34	454.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	454.34	454.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Alice Adams**

Mailing Address 13111 East Fuy

City State Zip Code  
Houston TX 77075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Houston

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2012

**Transaction ID : SA11AI.25924**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. John Armour**

Mailing Address 4000 Spencer Hwy

City State Zip Code  
Pasadena TX 77504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayshore Medical Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2012

**Transaction ID : SA11AI.25927**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Jeanna Barnard**

Mailing Address 4000 Spencer Highway

City State Zip Code  
Pasadena TX 77504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayshore Medical Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2012

**Transaction ID : SA11AI.25926**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. James Brown**

Mailing Address 5200 Mansfield Ln

City

Shawnee

State

KS

Zip Code

66203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centerpoint Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 12 / 2012

Transaction ID : SA11AI.25919

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Carolyn Caldwell**

Mailing Address 19600 E 39th St

City

Independence

State

MO

Zip Code

64057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centerpoint Medical Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 12 / 2012

Transaction ID : SA11AI.25916

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Blair Callaway**

Mailing Address 7401 S Main

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Ortho Pedic. Hosp

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 12 / 2012

Transaction ID : SA11AI.25902

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Jeffrey Holland

Mailing Address 520 Birdsall St

City State Zip Code  
Houston TX 77007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayshore Medical Ctr

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2012

Transaction ID : SA11AI.25922

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rita Martinez

Mailing Address 500 Medical Center Blvd

City State Zip Code  
Webster TX 77598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clear Lake Regional

Occupation  
SLD Critical Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2012

Transaction ID : SA11AI.25925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Larry Peterson

Mailing Address 101 S First St

City State Zip Code  
Iola KS 66749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allen County Hospital

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2012

Transaction ID : SA11AI.25938

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1850.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. John Quinlivan**

Mailing Address 19 Horseleg Creed Rd SW

City State Zip Code  
 Rome GA 30165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Redmond Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 12 / 2012

**Transaction ID : SA11AI.25875**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kay Rhodes**

Mailing Address 1319 Kingston Hwy

City State Zip Code  
 Rome GA 30161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Redmond Regional Medical Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 12 / 2012

**Transaction ID : SA11AI.25894**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Cristina Rivera**

Mailing Address 9646 Zarda Dr

City State Zip Code  
 Lenera KS 66227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allen County Hosp

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 24 / 2012

**Transaction ID : SA11AI.25937**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Michael Roussos**

Mailing Address 13111 East Freeway

City State Zip Code  
Houston TX 77015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayshore Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

**Transaction ID : SA11AI.25923**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Danny Smith**

Mailing Address 1410 Dogwood Valley Road

City State Zip Code  
Tunnel Hill GA 30755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Redmond Regional Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 12 / 2012

**Transaction ID : SA11AI.25895**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard Spuhler**

Mailing Address 950 S Medical Dr

City State Zip Code  
Brigham UT 84402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brigham City Comm. Hosp.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 12 / 2012

**Transaction ID : SA11AI.25901**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Timothy C. Tobin**

Mailing Address 2501 Wheatland Woods Dr

City

Fredericksburg

State

VA

Zip Code

22408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spotsylvania Reg Med Ctr

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2012

**Transaction ID : SA11AI.25908**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. R. Carlton Ulmer**

Mailing Address 15 Nicklaus Drive

City

Rome

State

GA

Zip Code

30165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Redmond Regional Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2012

**Transaction ID : SA11AI.25896**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

10450.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address P.O. Box 622227

City  
OrlandoState  
FLZip Code  
32862-2227Purpose of Disbursement  
account analysis fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2012

**Transaction ID : SB21B.25950**

Amount of Each Disbursement this Period

354.34
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

354.34
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354.34
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. BILL NELSON FOR U S SENATE**

Mailing Address 500 RED SAIL WAY

City	State	Zip Code
SATELITE BEACH	FL	32937

Purpose of Disbursement  
fund raiser

Candidate Name

**BILL NELSON**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2012

**Transaction ID : SB23.25942**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. DINA TITUS FOR CONGRESS**

Mailing Address PO Box 50614

City	State	Zip Code
Henderson	NV	89016

Purpose of Disbursement  
campaign

Candidate Name

**DINA TITUS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

**Transaction ID : SB23.25944**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DINA TITUS FOR CONGRESS**

Mailing Address PO Box 50614

City	State	Zip Code
Henderson	NV	89016

Purpose of Disbursement  
check #2845 previous rptd stop paymnt not cashed

Candidate Name

**DINA TITUS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

**Transaction ID : SB23.25945**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. FEDPAC**

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement  
campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2012

**Transaction ID : SB23.25939**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF RICH NUGENT**

Mailing Address PO BOX 15668

City	State	Zip Code
BROOKSVILLE	FL	34604

Purpose of Disbursement  
fund raiser

Candidate Name

**RICHARD B NUGENT**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 05

Disbursement For:	2012
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2012

**Transaction ID : SB23.25946**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. GLACIER PAC**Mailing Address 818 Connecticut Ave. NW #1009  
Suite 1009

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2012

**Transaction ID : SB23.25949**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

HCA INC. GOOD GOVERNMENT FUND

## A. JOHN LEWIS FOR CONGRESS

Mailing Address 303 Peachtree Street, NE  
Suite 5300

City	State	Zip Code
Atlanta	GA	30308

Purpose of Disbursement	fund raiser
1. To provide for the day-to-day operating expenses of the organization	
2. To provide for the capital expenses of the organization	
3. To provide for the administrative expenses of the organization	
4. To provide for the program expenses of the organization	
5. To provide for the marketing and public relations expenses of the organization	
6. To provide for the legal and professional fees of the organization	
7. To provide for the travel and transportation expenses of the organization	
8. To provide for the housing and living expenses of the organization	
9. To provide for the food and beverage expenses of the organization	
10. To provide for the entertainment and recreation expenses of the organization	
11. To provide for the health and medical expenses of the organization	
12. To provide for the education and training expenses of the organization	
13. To provide for the research and development expenses of the organization	
14. To provide for the information technology expenses of the organization	
15. To provide for the security and safety expenses of the organization	
16. To provide for the insurance and risk management expenses of the organization	
17. To provide for the environmental and sustainability expenses of the organization	
18. To provide for the social and community development expenses of the organization	
19. To provide for the cultural and heritage expenses of the organization	
20. To provide for the other expenses of the organization	

Candidate Name

LEWIS, JOHN R.

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Transaction ID : SB23.25940

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement	
1	2
3	4
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9	10
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93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

12000.00